



Quality Outlook

FOURTH QUARTER 2015/2016 CYCLE

"Excellence is not a destination; it is a continuous journey that never ends." – Brian Tracy

July 2016

S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2016

S	M	T	W	T	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
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28	29	30	31			

September 2016

S	M	T	W	T	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

1st Level CQI
All Level 1 Teams
July 11-22, 2016

HFMoHV 2nd Level CQI
August 17, 2016
866-630-9346
9:30 am—11:00 am

MIECHV 2nd Level CQI
August 22, 2016
866-630-9346
2:00 pm—3:30 pm

3rd Level CQI
September 12, 2016
1:30 pm—3:30 pm
DHSS—Oak A
866-630-9346

New Performance Measures for Federal Fiscal Year 2017

Beginning in October 2016, the Department of Health and Senior Services (DHSS) Home Visiting Program will collect data to allow reporting on updated Performance and Systems Outcome Measures. The DHSS home visiting staff consulted with local implementing agencies (LIAs) and model representatives as the data collection plan was being developed to allow LIA and model input to maintain model fidelity. Once the data collection plan has been finalized, DHSS will work with LIAs to assist in the data collection transition process.

The new Performance and Systems Outcome Measures aim to simplify, standardize, and strengthen the performance measurement system. Data collection and reporting throughout all of the DHSS home visiting local implementation agencies will become standardized for consistent reporting to grantors. The Continuous Quality Improvement Process will be more meaningful across all levels as LIAs will have a consistent set of performance measures.

In September, LIAs will be provided with technical assistance in making the transition to the new data system being designed to accommodate the updated reporting requirements. A comprehensive Performance and Systems Outcome Measures and data collection training session will be presented by DHSS's epidemiology staff at the September Home Visiting Summit, which is described in more detail, below. In addition, DHSS staff will provide individual technical assistance as needed during the transition.

More information about the Performance and Systems Outcome Measures can be found at: <http://www.mchb.hrsa.gov/programs/homevisiting/ta/resources/index.html> (link updated 8/5/16)

Annual DHSS Home Visiting Summit

The Annual DHSS Home Visiting Summit will be held September 7-8, 2016 at a conference facility location in the St. Louis/St. Charles area. All contracting DHSS home visiting programs will be participating in the Summit with required attendance by all Supervisors and Home Visitors for both days. Data Entry staff are required for the afternoon of Day One; however, are welcome to attend the entire two days. Attendance of agency administrators is optional; however, all are also welcome to attend the entire two day event. The DHSS home visiting team is excited to be able to offer the expertise of the following planned speakers for this professional development opportunity:

- Day One — Morning - Reflective supervision with a focus from the perspective of both the supervisor and the home visitor, Allison LaMont, Parents as Teachers National Office
- Day One — Afternoon - DHSS Data Collection, DHSS Home Visiting Team
- Day Two — Motivational Interviewing with a home visiting focus, Dr. Robert Rhode — University of Arizona

The Summit location will be sent to supervisors as soon as this is finalized. A block of rooms will be available for agencies to reserve. A working lunch will be provided on both days of the conference. Please contact your program manager if you have any questions regarding this training event.

Quarterly Action Alert:

LIAs—Continue to implement PDSA plans developed in 3rd Quarter or identify a new area of focus for Continuous Quality Improvement for 4th Quarter. Technical assistance is available by contacting Christina Elwood at Christina.Elwood@health.mo.gov.



IMPORTANT REMINDERS

REMiNDER



CQI Process Roles

At this time, the roles of Scribe, Facilitator, and Leader should rotate or be newly elected to fulfill the leadership roles for all team levels for the 2016-2017 year. The duties of members in these roles will be effective beginning October 1, 2016. Please reference the MIECHV or HFMoHV CQI Handbooks for definitions and duties of the Scribe, Facilitator, and Leader roles.

CQI ACTIVITY LOGS

For Level One MIECHV Teams, remember to submit your detailed activity log to Nicki Kraust-Schmitt at nkraust@sehealth.org, Barb Gleason at bgleason@sehealth.org, and Christina Elwood at Christina.Elwood@health.mo.gov by August 6, 2016.

For Level One HFMoHV Teams, remember to submit your detailed activity log to Amy McGee at Amy.McGee@cornerstonesofcare.org, Gary Johnson at Gary.Johnson@GreatCircle.org, and Christina Elwood at Christina.Elwood@health.mo.gov by August 6, 2016.

For the Level Two Teams, please submit your detailed activity log to Christina Elwood at Christina.Elwood@health.mo.gov by September 3, 2016.

ZIKA VIRUS

It is important to stay informed on the latest Zika Virus updates, especially when working with pregnant women.

The DHSS Home Visiting Unit will continue to email important updates on the Zika Virus. Please note that you can access an archive of Zika Virus advisories, as well as other health advisories, on the [DHSS Health Advisory Updates](#) website. If you have questions about the Zika Virus, please contact your local public health office or your program manager for assistance.



Summer Safety Tip—Never Leave A Child Alone In A Car

According to a 2014 national online survey conducted by Public Opinion Strategies of Washington, D.C. (Safe Kids Worldwide website, 2014), 14 percent of parents (based on U.S. population, that number is projected to be nearly two million parents transporting more than 3.3 million children) say they intentionally have left their infants, toddlers, and kindergarten children alone in a parked vehicle. For parents of children three and under, the percentage increases to 23 percent. Additionally, 11 percent of parents (more than 1.5 million parents transporting more than 2.6 million children) admit to forgetting their child in a car. For those with children three and under, it is nearly 1 in 4.

Please talk with all of the families you meet about the importance of **never** leaving a child unattended in a car. Help keep Missouri's children safe! For more information about this study and other safety tips, visit the [Safe Kids Worldwide website](#).

Upcoming Health Awareness Events

July

National Cord Blood Awareness Month

When a baby is born, the umbilical cord is cut to separate child from mother. Blood from the placenta and umbilical cord can be collected for medical use. Umbilical cord blood, which is typically thrown away, contains a small number of hematopoietic stem cells (HSC), which have the ability to mature into the different types of cells found in normal, healthy blood: red blood cells, white cells and platelets. HSC can be stored for several years for later use in patients with life-threatening blood cancers and diseases. For the thousands of people that are diagnosed yearly with lymphoma, leukemia, or other hematologic disorders, the only chance for long-term survival is often an HSC transplantation that will replace the diseased blood-forming cells with healthy ones. HSC can be harvested from umbilical cord blood, bone marrow or peripheral blood. Cord blood can be used as an additional source of HSC if a donor-match is difficult to find. Read this [blog on Bone Marrow Transplantation](#) to learn more. Nearly 20,000 patients yearly in the United States could benefit from an HSC transplant, according to the [Health Resources and Services Administration](#). The information above, as well as additional cord blood information can be found on the [Stanford Blood Center website](#).

National Cleft and Craniofacial Awareness and Prevention Month

Cleft and craniofacial conditions affect thousands of infants, children, teens and adults in the United States each year. Some are born with congenital anomalies like cleft lip and palate, others with more complex, life-threatening craniofacial conditions. Some are burned; others are injured in accidents and animal attacks, or diagnosed with various oral/head/neck and skin diseases. To learn more about these conditions, including treatment options and support networks in your area, visit the [NCCAPM](#) website.

August

National Breastfeeding Month; World Breastfeeding Week (August 1-7, 2016)

August is National Breastfeeding Awareness Month. The breastfeeding awareness campaign, funded by the U.S. Department of Health and Human Services, serves to promote breastfeeding on a national level. One of the most highly effective preventive measures a mother can take to protect the health of her infant is to breastfeed. However, in the United States, although most mothers hope to breastfeed, and 79% of babies start out being breastfed, only 19% are exclusively breastfed 6 months later. Additionally, rates are significantly lower for African-American infants (Centers for Disease Control, 2016).

The success rate among mothers who want to breastfeed can be greatly improved through active support from their families, friends, communities, clinicians, health care leaders, employers, and policymakers. Find more information on the benefits of breastfeeding on the [Centers for Disease Control \(CDC\)](#) website. The WIC Program supports and encourages mothers to breastfeed to improve the nutritional status of infants. Locally, WIC offers education on breastfeeding benefits and how to breastfeed. The WIC staff can help mothers solve breastfeeding challenges and refer mothers to peer counselors that provide encouragement, basic breastfeeding information and tips on how to make breastfeeding work. The [WIC office in your area](#) can provide more information on how to support mothers who want to give the best nutritional start to their infants.

September

September is Infant Mortality Awareness Month!

Infant mortality is the death of a baby before his or her first birthday. Unfortunately, for every 1,000 babies born in Missouri, 6.1 (MICA, 2014) will die during their first year. The infant mortality rate is often used as an indicator to measure the health and well-being of one's community, because factors affecting the health of the entire population can also affect infant mortality rates. The loss of a baby remains a sad reality for many parents and takes a serious toll on the health and well-being of families.

Preterm birth is the leading cause of Infant Mortality. The State of Missouri has a preterm birth rate of 9.7% (MICA, 2014). Other causes of infant mortality include birth defects, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, and injuries (e.g., suffocation).

The good news is we can help reduce infant mortality. Prevention of infant deaths should begin in the preconception period; opportunities are available to improve the health of mothers, and thus avoid preventable infant deaths. Women of reproductive age should be encouraged to adopt healthy behaviors such as: taking folic acid, maintaining a healthy diet and weight, getting regular physical activity, quitting tobacco use, not drinking excessive amounts of alcohol or using "street" drugs, talking with their health care provider about preventing and managing chronic diseases, taking medications, using effective contraception if they are sexually active, but wish to delay or avoid pregnancy, and lastly injury prevention (e.g., wear seat belts, take CPR classes, install and test smoke alarms).

There are other ways to help reduce an infant's risk of dying: ensure that parents are practicing safe sleep, promote breastfeeding, teach parents the dangers of "shaken baby syndrome", offer skills to cope with stressful situations, and decrease the infant's exposure to risk factors for Sudden Infant Death Syndrome (SIDS) such as bed sharing. Preterm births can be reduced by ensuring that women receive early and adequate prenatal care, live a healthy lifestyle, and go the full 40 weeks of gestation, unless early delivery is medically necessary.

With your help, Missouri can decrease the infant mortality rate and ensure that every baby has a fighting chance!

Successes and Celebrations!

SOUTHEAST MISSOURI BUILDING BLOCKS / NURSE FAMILY PARTNERSHIP

Building Blocks/NFP (BB/NFP) of Southeast Health is super excited to introduce their newest MIECHV nurse, Natausha Smith. Natausha is a BSN with years of community health experience and also a graduate from the very program she now works for! As an LPN returning to school, she found her way to the BB/NFP program working towards a brighter future with nurse home visitor, Teresa Campbell. “Natausha will give our team a unique perspective from the client’s side of the program,” said Barb Gleason, Home Visiting Supervisor.

In Natausha’s Words:

“The BB/NFP program has brought a lot of positive things to my life. At one of the most important, difficult, and exciting times, I was introduced to a community of caring individuals that provided me with much needed support. My nurse home visitor was such a great teacher and support system throughout the 2.5 year process. Her nonjudgmental attitude made me feel normalized even when I questioned everything about my life. What she represents in my heart and mind is what I want to share with other moms. I have been awarded an opportunity. The relationship between the nurse home visitor and the client could potentially be one of the most important and influential relationships that the client may ever have, as it was in my case!”



Teresa Campbell (left) BSN NHV (8 years)
Natausha Smith (right) BSN NHV



SOUTH CENTRAL COMMUNITY ACTION AGENCY

Sara Bell, from South Central Missouri Community Action Agency (SCMAA), wrote, “A parent in the program has had wonderful success in meeting her goals with the help of her home visitor. When enrolling in the program in December 2014, this client established goals to move into a home with her son and boyfriend, obtain her driver’s license, and obtain a job. She accomplished all three in about 18 months! In December 2015, she was able to move into a home. Soon after, in February 2016, the client received her driver’s license, which allowed her to meet her goal of beginning work in June 2016. Now the client has made a new goal – to buy a house – and she is well on her way to doing that! She stated, “without a home visitor who believed in me and my goals, I would not have accomplished these goals.”

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